

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107505300** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	REP.	IND.	DEP.	IND.	REP.
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TOTAL	2					
TOTAL	14					
TOTAL	16					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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